Bureau of Quality Improvement Services (BQIS)

Incident Data and Recommendations

BQIS

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Incident Communication   **10/01/2011 through 03/31/2012**

Introduction

The Division of Disability and Rehabilitative Services (DDRS) Bureau of Quality Improvement Services (BQIS) utilizes an incident reporting and management system as an integral tool to assure the health and welfare of people receiving services from one of DDRS's three Home and Community-Based Services (HCBS) waivers (waiver for people with autism, waiver for people with developmental disabilities, and support services waiver)

The criteria of a reportable incident can be found in the *DDRS Incident Reporting and Management Policy* located at http://www.in.gov/fssa/files/Incident_Reporting_and_Management.pdf. In addition, there is a webinar presentation and a Frequently Asked Questions (FAQs) document relative to Incident Reporting located on the BQIS website at http://www.in.gov/fssa/ddrs/3838.htm.

This communication provides six months of selected categories of incident data for people receiving waiver services. The data are presented to share trends and recommendations with the provider community, case managers, and other interested stakeholders.

General Incident Data for People Receiving Waiver Services

The trend line for the reportable incident volume presents a steady upward trend since October 2011. The lower volume in November and December is consistent with the past three years of lower numbers of incidents reported during these months. The lower number of reported incidents in February 2012 is primarily attributed to fewer days in the month (Figure 1).

Figure 1. Reportable Incident Volume - Waiver
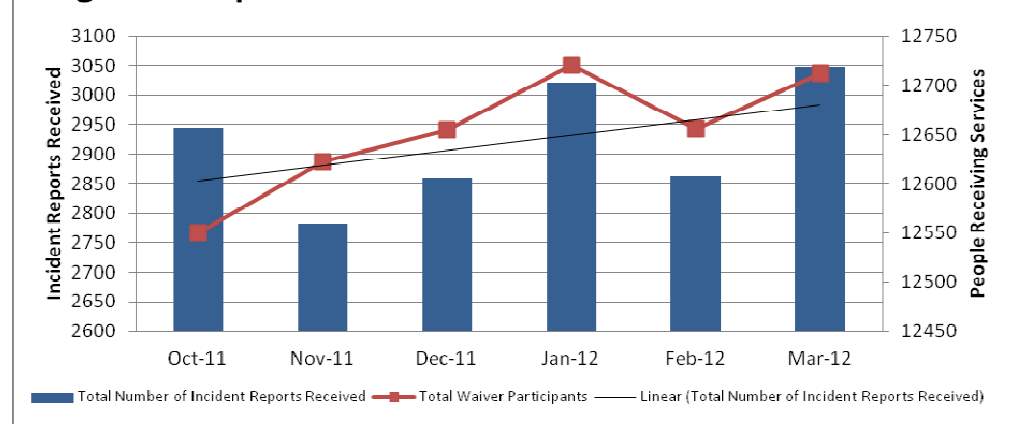
General Incident Data (cont.)

The number of people receiving HCBS waiver services is presented in Table 1 to be used as a frame of reference.

Table 1. Number of People Receiving Waiver Services.

Number of People Receiving Services	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
DD Waiver (DD)	7237	7277	7292	7310	7225	7246
AUT Waiver (AUT)	469	487	495	507	508	524
Support Service Waiver (SS)	4844	4858	4868	4903	4923	4942
Total Waiver Participants	12550	12622	12655	12720	12656	12712

Incident Processing

The timelines for incident processing include the provider/mandated reporter submitting an incident report (IR) through a Web-based application within 24 hours of initial discovery of a reportable incident. The incident report is processed to determine whether or not appropriate and sufficient actions to assure the person's immediate safety have been taken. Based on this determination, the incident is either marked as closed or marked as additional follow-up is required. The incident reporting system automatically generates an e-mail to a designated distribution list to notify them whether or not a follow-up report is required. A follow-up report is required if immediate protective measures were not included in the initial incident report. The responsible person (per *DDRS Incident Management and Reporting Policy*), along with input from the support team, submits follow-up reports for incidents determined to need follow-up within seven days and every seven days thereafter until the incident is resolved to the satisfaction of all entities.

Table 2. Number and Percentage of Incident Reports Reported within 24 Hours of Discovery for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Total Number of Incident Reports Received	2945	2782	2860	3021	2862	3048
Total Number of Incidents Reported within Time Period (0-1 days)	2156	1991	2100	2282	2141	2277
Percentage Reported within Time Period (0-1 days)	73.21%	71.57%	73.43%	75.54%	74.81%	74.70%

Table 3. Number and Percentage of Incident Reports Resolved within Stipulated Time Period for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Number of Incidents Requiring Follow-up	1962	1741	1843	1911	288	1877
Total Number of Incidents Resolved	2944	2782	2858	3020	2844	2868
Total Number of Incidents Resolved within Stipulated Time Period (30 days)	2794	2636	2675	2836	2693	2822
Percentage of Incidents Resolved within Stipulated Time Period (30 days)	94.90%	94.75%	93.60%	93.91%	94.69%	98.40%

Incident Processing (Cont.)

At the time the initial incident report is processed, the incident reviewer also evaluates if an incident meets the criteria of being a sentinel event.

In the event an incident is made sentinel, the case manager makes either face-to-face or phone contact with the provider within 24 hours of notification of the sentinel event. Sentinel status will remain unresolved until there is documentation in either the initial incident report or a follow-up report that appropriate action(s) was taken to resolve the issue. When documentation ensuring health and welfare is confirmed, the sentinel status is resolved.

Table 4. Number and Percentage of Sentinel Events Resolved within Stipulated Time Period for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Total Number of Sentinel Events	354	369	392	419	387	324
Total Number of Sentinel Events Resolved within Stipulated Time Period (3 days)	311	351	352	372	338	282
Percentage of Sentinel Events Resolved within Stipulated Time Period (3 days)	87.85%	95.12%	89.80%	88.78%	87.34%	87.04%

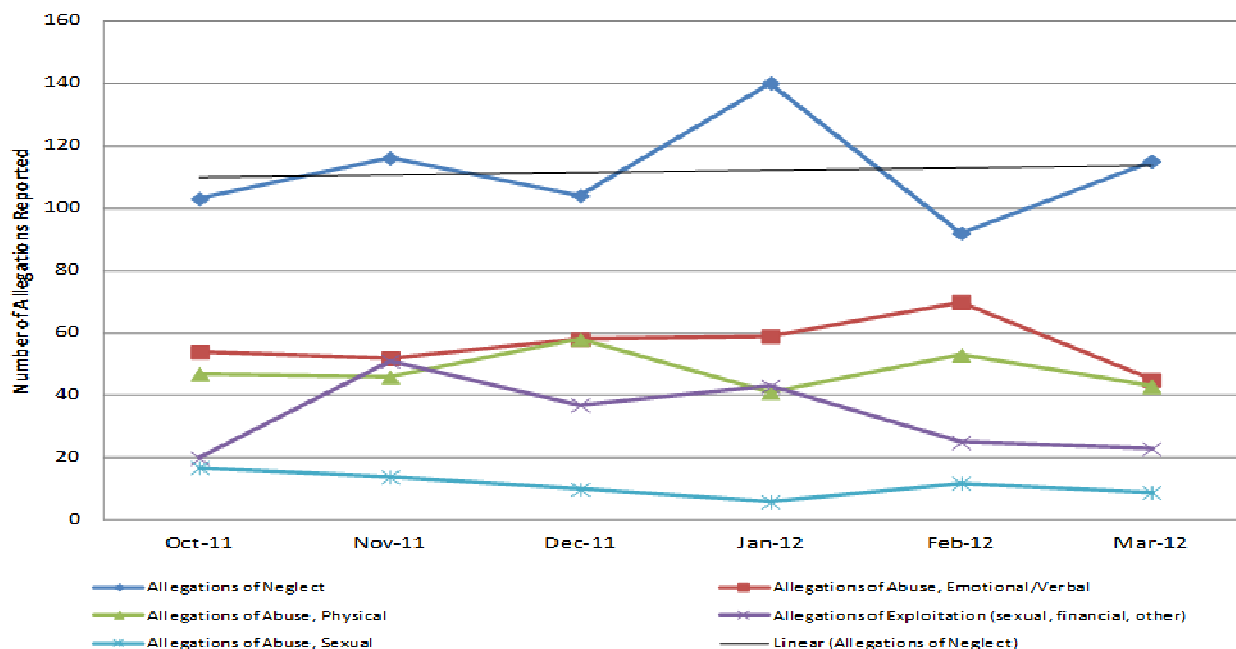## Allegations of Abuse, Neglect, and Exploitation

The allegations of abuse, neglect, and exploitation included in Table 5 and Figure 2 are inclusive of the alleged perpetrator being a staff person, a family member/guardian, a community person, and in a small number of cases, a peer. Overall, the six-month trend shows improvement, particularly in the areas of allegations of exploitation and allegations of sexual abuse. Allegations of emotional/verbal abuse were trending upward during the time period of November 2011 through February 2012; however March 2012 data showed a significant drop. Allegations of neglect continue to be the most frequently reported type of allegation.

Table 5. Allegations of Abuse, Neglect, and Exploitation Involving People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Allegations of Neglect	103	116	104	140	92	115	670
Allegations of Abuse, Emotional/Verbal	54	52	58	59	70	45	338
Allegations of Abuse, Physical	47	46	58	41	53	43	288
Allegations of Exploitation (sexual, financial, other)	20	51	37	43	25	23	199
Allegations of Abuse, Sexual	17	14	10	6	12	9	68
Grand Total	241	279	267	289	252	235	1563

Sentinel events are situations where a person is/was at significant risk and immediate safety measures need to be in place. Allegations of abuse, neglect and exploitation are considered sentinel events. In addition, elopement when health and welfare are at risk, choking incidents requiring intervention, suicide attempts, arrests, alleged criminal activity by a person receiving services, and significant injury/health risk, (e.g., fracture, use of prone restraint, etc.) meet the criteria of a sentinel event. It is possible that additional incidents will be made sentinel based on the information provided (e.g., hospitalizations, fire, etc.).

Allegations of Abuse, Neglect, and Exploitation (Cont.)

Figure 2. Allegations of Abuse, Neglect, Exploitation - Waiver

The analysis of allegations of abuse, neglect, and exploitation since the implementation of the revised *DDRS Incident Reporting and Management Policy* on 3/1/2011 identified some issues:

1. Quality of internal investigations is quite varied. When conducting their investigations, providers should be referring to The *DDRS Mandatory Components of an Investigation Policy* (http://www.in.gov/fssa/files/Mandatory_Components_of_an_Investigation.pdf), effective 3/16/2012.

2. The number of allegations substantiated by each provider ranges from 0% substantiated to 100% substantiated. As noted in Table 6, allega*tions of neglect continue to be substantiated the highest* percentage of the time. While the percentage of allegations of exploitation are substantiated just slightly less than allegations of neglect, there was a downward trend from December 2011 through February 2012. Allegations of sexual abuse are substantiated the lowest percentage of the time.

3. Staff are not suspended from duty pending the outcome of the investigation 100% of the time when there is an alleged, suspected or actual abuse, neglect or exploitation incident. Table 7 provides information on the percentage of times when staff were suspended in compliance with IAC 460 regulations. Clearly there is room for improvement.

Table 6. Percentage of Allegations of Abuse, Neglect, Exploitation Substantiated for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Allegations of Neglect	46.6%	52.6%	57.7%	44.3%	51.1%	47.8%	49.7%
Allegations of Exploitation (sexual, financial, other)	50.0%	51.0%	54.1%	44.2%	36.0%	39.1%	46.7%
Allegations of Abuse, Emotional/Verbal	50.0%	40.4%	31.0%	45.8%	24.3%	51.1%	39.3%
Allegations of Abuse, Physical	31.9%	28.3%	36.2%	14.6%	30.2%	23.3%	28.1%
Allegations of Abuse, Sexual	23.5%	28.6%	30.0%	16.7%	16.7%	44.4%	26.5%

Allegations of Abuse, Neglect, and Exploitation (Cont.)

A field for noting whether the staff person was suspended from duty pending the outcome of the investigation was added to the database effective 11/1/2011.

An excerpt from Indiana Administrative Code 460 6-9-5 Incident reporting:

"Sec. 5. (a) An incident described as follows shall be reported to the BDDS on the incident report form prescribed by the BDDS: (1) Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident in this category shall also be reported to adult protective services or child protection services as applicable. *The provider shall suspend staff involved in an incident from duty pending investigation by the provider.*"

In the event of an allegation of abuse, neglect or exploitation, the provider must take immediate action to ensure the health and welfare of both the alleged victim(s) and any other people receiving services. In the event a staff person is the alleged perpetrator, this includes suspending the staff from duty pending investigation by the provider.

BQIS identified through review of incident reports that in some cases, staff were not suspended, but terminated and/or resigned immediately. In other cases, staff were not scheduled to be on duty (e.g., vacation, shift off, etc.), during the time of the investigation. Based on narrative review, other examples of times when staff were not suspended were in cases when staff other than a direct support staff person was the alleged perpetrator, the consumer had a history of making false allegations, a specific staff person was not named, and the allegation was an "isolated" incident.

There are several trends noted in Table 7. Overall, providers suspended staff the highest percentage of time when there was an allegation of exploitation. The percentage of staff suspended for allegations of physical abuse has varied, but it is encouraging to see the upward trend during the last three months. Percentage of staff suspended for allegations of emotional/verbal abuse has also varied. While overall, the percentage of staff suspended for allegations of neglect is the lowest, the percentage is on an upward trend for the last three months.

It is recommended that providers review their operating procedure to ensure this requirement is clearly stated and staff are trained accordingly. It is also recommended that case managers and other interested stakeholders are reminded of this requirement and the reason for it – to reduce risk!

Providers are encouraged to review their data regarding allegations of abuse, neglect, and exploitation along with the data presented in Tables 6 and 7.

Table 7. Percentage of Allegations When Staff (Alleged Perpetrator) Was Suspended Pending the Outcome of the Investigation for People Receiving Waiver Services.

Description - % of Staff Suspended	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Allegations of Exploitation (sexual, financial, other)	100.0%	90.5%	73.9%	83.3%	85.7%	84.2%
Allegations of Abuse, Physical	100.0%	88.6%	60.7%	88.1%	93.1%	78.8%
Allegations of Abuse, Sexual	66.7%	100.0%	100.0%	50.0%	100.0%	78.6%
Allegations of Abuse, Emotional/Verbal	90.5%	79.1%	86.7%	89.4%	86.7%	78.5%
Allegations of Neglect	77.8%	80.2%	67.4%	75.9%	77.7%	67.8%

A field for "Actions Taken for Allegations of Abuse, Neglect, and Exploitation" was added to the database effective 11/1/2011. There were a total of 1029 allegations of abuse, neglect and exploitation by staff reported for November 2011 through March 2012. In 38.5% of these allegations, staff were terminated due to ANE, terminated for other reasons, or resigned. The majority of allegations resulted in more than one action taken. For instance, staff are suspended from duty pending the outcome of the investigation, staff training is completed, and staff return to work. Another example is staff are suspended and subsequently terminated either due to the allegation being substantiated or due to another reason unrelated to the allegation (Table 8).

Allegations of Abuse, Neglect, and Exploitation (Cont.)

Table 8. Totals of Actions Taken by Provider in Reports of Allegations of Abuse, Neglect and Exploitation by Staff for People Receiving Waiver Services.

Action Taken by Provider	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Staff suspension	183	166	157	148	136	790
Staff training	81	53	60	79	45	318
Staff termination due to ANE	61	63	62	38	48	272
Staff returned to work	60	48	37	59	31	235
Addressed all issues	46	38	45	30	32	191
Staff removed from home	39	24	36	25	26	150
Disciplinary action	24	28	24	29	26	131
Staff moved to another home	20	14	11	27	13	85
Other changes made	17	10	21	17	12	77
Follow behavioral support plan (BSP)	20	9	17	23	6	75
Staff termination (for other reasons)	15	7	25	11	8	66
Staff resigned	18	10	13	12	5	58
Revised agency policy	16		6	11	5	38
Turned investigation over to the authorities / police involvement	6	6	5	7	1	25
Probation	5	1	3	6	5	20
Changed schedule (consumer, transportation, etc)	7	3	2	2	2	16
Grand Total	618	480	524	524	401	2547

Behavioral Incidents

The number of incident reports of aggression to housemate/peer continues to be the most frequently reported type of behavioral incident with aggression to staff being the second most frequently reported. Reports of both aggression to housemate/peer and aggression to family/guardian are trending upward during the past three months (Table 9). For those people who have repeat behavioral incidents or who have not demonstrated improvement within the last three months, the team (including the behavioral clinician) should discuss whether a programmatic change might be beneficial. If a person does not currently have a behavioral clinician on the team, it is suggested that one be consulted to determine if a Behavioral Support Plan (BSP) is warranted.

Table 9. Number of Behavioral Incidents Reported for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Aggression to housemate/peer	184	138	162	142	148	197	971
Aggression to staff	133	75	70	99	110	100	587
Self-Injurious Behavior	58	70	86	92	82	89	477
Elopement	70	60	68	83	71	85	437
Property Damage	41	52	39	45	37	39	253
Suicidal Thoughts / Ideations	26	26	30	44	35	31	192
Aggression to family/guardian	17	12	16	10	16	17	88
Aggression to other person	19	13	9	8	13	9	71
Suicide Attempt	8	8	2	8	9	8	43
Pica / Ingestion-Foreign Object	1	3	5	3	5	2	19
Assault, Sexual (for perpetrator)	3	1	0	2	4	0	10
Alleged domestic abuse	1	4	1	1	0	0	7
Grand Total	561	462	488	537	530	577	3155

Behavioral Failures

The state of Indiana prohibits the use of prone restraint (face down on the stomach), mechanical restraint, seclusion, and aversive techniques for a person receiving waiver services. Please reference the *DDRS Use of Restrictive Interventions Including Restraints Policy* (http://www.in.gov/fssa/files/Use_of_Restrictive_Interventions.pdf) for detailed information.

It is suggested that teams for people who have had one of these restrictive interventions utilized review the DDRS policy, and the BSP for the people involved to assure these interventions are not part of the individual's BSP.   Providers may also want to consider reviewing its operating policy/procedures regarding use of restraints, and retrain staff in these areas. Three different people had at least one report of seclusion during the past six months for a combined total of 11 reports. Nine people had one report each of the use of a prone restraint in the past six months. Four people had one report each of the use of a mechanical restraint in the past six months. And lastly, one person had a report of an aversive technique during the past six months.

Of the 72 people who were arrested within the past six months, 18 were arrested more than once (Table 10).

Additional information regarding the danger of utilizing prone restraints can be found at:
- *Asphyxial Death during Prone Restraint Revisited; A report of 21 cases.* O'Halloran R, et al. The American Journal of Forensic Medicine and Pathology 21(1) March 2000;
- *National Review of Restraint Related Deaths of Children and Adults with Disabilities: The Lethal Consequences of Restraint.* Equip for Equality – A Special Report from the Abuse Investigation Unit, 2011.

Behavioral Failures are defined by the procedures utilized. It is considered a failure in behavioral programming if any of the following restrictive/intrusive measures are used in response to a behavioral episode:

- *PRN Medication*
- *An Arrest*
- *Manual Restraint*
- *Mechanical Restraint**
- *Prone Restraint**
- *Seclusion**
- *Use of an Aversive Techniques**

*Interventions that Are Prohibited with Indiana's HCBS Population.

Table 10. Number of Behavioral Failures Reported for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Restraint, Manual / Physical Restraint Technique - Behavioral Purposes	121	134	108	129	103	114	709
PRN Medication - Behavioral Purposes	80	79	82	81	53	77	452
Arrested	11	10	19	14	18	13	85
Seclusion	1		8	1		1	11
Restraint, prone	1	1	1	2	3	1	9
Restraint, Mechanical Restraint Technique - Behavioral Purposes	2				1	1	4
Use of aversive technique		1					1
Grand Total	216	225	218	228	178	206	1271

Medication Errors

Following the implementation of DDRS's revised *Incident Reporting and Management Policy* effective 3/1/2011 which expanded the criteria for reportable medication errors, a significant increase in reported medication errors is noted. The number of medication errors reported in March 2012 is the lowest number reported during the past 13 months.

From analysis of the types of medication errors being reported, it was noted there were incident reports being submitted indicating the person did receive a medication, however it was given outside the window of time. In order to capture those instances, an additional coding option of *medication error, given outside window* was added 11/1/2011.

The category of medication errors reported most frequently has remained consistent over the past 13 months – medication error-missed dose, not given (Table 11). Medication errors-wrong dose, show a steady downward trend in the number of reports over the past five months. In addition, reports of medication errors-wrong medication, show a downward trend over the past three months.

Table 11. Medication Errors Reported for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Medication error, missed dose, not given	326	308	306	292	276	301	1809
Medication error, wrong dose	90	100	87	83	72	68	500
Medication error, wrong medication	23	23	41	47	40	24	198
Medication error, given outside window		11	16	16	26	12	81
Medication error jeopardizing health and safety	2	2	1	2	2	1	10
Medication error, wrong route	2	0	0	1	0	0	3
Grand Total	443	444	451	441	416	406	2601

Medications administered on a daily basis are prescribed for a specific diagnosis determined by a physician (primary care physician, specialist, or psychiatrist). There are many benefits to the Medication Administration Record (MAR) including the diagnosis for any prescribed medication and/or treatment. These include:
- Producing a highly evident association between the diagnosis and the prescribed medication.
- Assuring all concerned parties (e.g., primary care physician, nursing staff, direct support professionals, house managers/supervisors, health paraprofessionals, families, etc.) that the person's medication regimen has been reviewed.
- Making it easier to identify any "unnecessary" medications. This might include having orders for duplicate medications, say for both the brand name and generic name medication.
- Allowing the team to group medications by purpose. For example, all psychotropics can be grouped according to the psychiatric illness(es) being treated. Developing the MAR to include the individual's diagnosis and the medications being used to treat each makes it easier for the team to identify when a polypharmacy review is necessary.

Staff should be knowledgeable about the names of the medications (brand and generic) they are administering to individuals, along with the purpose of the medication and potential side effects. MARs should clearly specify the signs and symptoms the individual will exhibit when a PRN medication should be administered. Often PRN medications are used to minimize the signs and symptoms of an illness, and so the diagnosis being treated is not included on the MAR.

BQIS strongly recommends providers have a monitoring system that includes routine reviews of staff responsible for administering medications and opportunities for re-training staff as necessary.   It is also suggested that an observation of a medication pass is part of the provider's competency-based training program. A sample medication pass checklist is attached to this document.

On-Site Medication Assessment (OSMA)

Name: _____   Signature: _____

Observer: _____   Agency: _____

Employee must demonstrate the ability to prepare, administer and record the administration of medication by successfully completing the steps noted below. A trial is defined as a pour and pass of one medication. **Staff must complete 2 trials with 100% accuracy.**	Use the following codes to indicate performance: S = Satisfactory; U = Unsatisfactory; N/A = Not Applicable			
	/ /	/ /	/ /	/ /
Assembles appropriate equipment: Medications, med cups, water, etc.				
Uses good hand washing techniques				
Checks MAR against prescribed orders (with each new MAR)				
Selects appropriate meds for the time being given				
Compares drug labels to MAR x 3 (MAR present and used through entire med pass)				
Observes the six (6) rights of Meds Pass (Right person, Right medication, Rights dose, Right route, Right time, Right documentation)				
Observe the individual's condition for any signs of illness or altered state (e.g., drug interaction). Check for vital signs being taken (if required)				
Correctly administers medication (e.g., route, with water, food, etc.)				
Ensure meds are taken/swallowed (identify potential swallowing issue)				
Documents medication correctly on MAR before proceeding to the next person (should include initials/full signature in appropriate place, etc)				
Washes hands between Individuals				
Medications are kept in a secure location at all times				
Staff does not leave meds unattended/med pass area during med pass				
Staff locks medication area before leaving the area.				

Follow Up Questions about Medication:	/ /	/ /	/ /	/ /
Check staff knowledge of Medications (Desired effect, Potential Side effects, Side Effect monitoring)				
Check staff knowledge missed medications, medication refusals and Medication errors.				
Check staff knowledge related to use of PRN medication (i.e., documentation on back of MAR, reason for use, response and signature)				

Notes: _____
_____
_____
_____
_____

Choking Episodes Requiring Intervention

A choking episode requiring intervention is considered a life-threatening event. If a person has a choking episode requiring intervention, BQIS expects that the provider will establish safety measures prior to the next time the individual eats/drinks/takes medications. Following implementation of immediate safety precautions, the individual's support team should be reviewing the initial incident report, follow-up report(s), and other pertinent documentation to identify a longer-term, more preventative plan to reduce the individual's risk of choking.

There have been several choking episodes requiring intervention where the person already had a choking prevention plan and still choked. In these cases, the current plan was not effective for some reason. **How did the team address the failure of the current plan?** It is possible the plan was fine, but the failure was due to another variable (e.g., staff not implementing the plan correctly, the appropriate supervision not being in place, etc.). If those factors contributed to the choking episode, the immediate safety measure should address those identified variables.

When comparing quarterly periods, there has been a 21% decrease in the number of choking incidents which required intervention (reduction from 38 to 30 incidents, Table 12).

Table 12. Number of Choking Episodes Requiring Intervention Reported for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Choking with Intervention	15	12	11	11	8	11	68

Many choking prevention/dining plans have a statement, "food should be cut into bite-size pieces." While at first glance this statement appears as an adequate guideline for staff, there is a lot of room for interpretation and as a result, the person is at risk. It is recommended that individual's support teams review current choking prevention/dining plans and replace the phrase "bite-size" with a more descriptive and measured term that is appropriate to the individual person such as "pieces no bigger than a quarter," "pieces the size of a quarter to half-dollar," "sandwich is to be cut into ¼ pieces," etc. It is also recommended that the choking prevention/dining plan include visual cues of the actual size of the item (e.g., an actual-size picture of a quarter, a visual cue staff can use to verify that food of a different original shape is presented to the person correctly, etc.). In addition, if there are food items that are troublesome and/or prohibited due to the person's choking risk, these food items should be listed in the choking prevention/dining plan.

Dining plans, as well as any other risk plan, should be consistently implemented in all settings (e.g., home, day program site, restaurants, church events, the family home, other special events, etc.). Without proper implementation, the risk of choking increases. There have been five deaths (all funding sources) due to asphyxiation (associated with food/pica/objects/medication/vomitus) in the last six months (October 2011 through March 2012).

A checklist of questions/probes regarding a choking episode is available on the BQIS website (http://www.in.gov/fssa/ddrs/2635.htm) and should be used by the team to address any identified variables that contributed to the choking episode. The checklist can also be utilized as a proactive risk management and educational tool for IDTs.

People are at risk in all locations. Individual-specific choking prevention/dining plans should be available and consistently implemented in all locations and staff in all locations should be trained on the current plans.
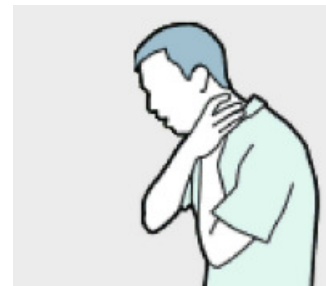
Emergency Room Visits and/or Hospital Admissions

The number of incidents associated with ER Visits (for medical reasons) has been trending up over the past three months (Table 13). While the reasons for an ER visit or a hospital admission can be varied, the underlying factor is that a change in status (real or perceived) was noted. A variety of fact sheets and resource materials relative to recognizing and responding to changes in health status and medical conditions/situations are available on the BQIS website (http://www.in.gov/fssa/ddrs/2635.htm). Providers are encouraged to incorporate these materials into their operating policies/procedures and individual-specific risk plans and ensure staff are trained.

It is suggested that the teams for people who have had multiple ER visits and/or hospital admissions within the past three months, take a close look at the person's diagnoses, the risk plans in place, staffing levels, the home environment, and other relevant factors and have an honest discussion on whether the current setting can meet the person's current needs.

Table 13. Number of ER Visits/Hospital Admissions Reported for People Receiving Waiver Services.

Description	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Grand Total
Emergency Room Visit - Medical	510	466	529	512	540	557	3114
In-patient Hospitalization - Medical	163	152	157	170	174	173	989
Emergency Room Visit - Psychiatric	49	48	49	75	57	71	349
In-patient Hospitalization - Psychiatric	43	23	34	44	43	45	232

Resources Regarding Incident Reporting and Management

The link to the DDRS Incident Reporting and Management Policy is http://www.in.gov/fssa/files/Incident_Reporting_and_Management_3-1-11.pdf.

In addition, the link to the Frequently Asked Questions (FAQs) relative to Incident Reporting is http://www.in.gov/fssa/files/FREQUENTLY_ASKED_QUESTIONS_TABLE_OF_CONTENTS_3-8-11.pdf.